sensibility. The finger nails were diseased, especially upon their under surface, and whitlows had developed upon the left middle finger, the right index and right ring finger. Their evolution was painless, but in such as had cicatrized the scar was painful upon pressure and sometimes spontaneously. Outside of the local lesions, the patient was healthy.

The author concludes that the opinion of Ehlers (of Copenhagen) that symmetrical asphyxia of the exremities is always due to ergotism is not justified, as in the case related ingestion of ergot in any way can be positively excluded. ALLEN.

206. HEMORRAGIC MENINGÉE (SUS-ARACHNOIDIENNE PRIMITIVE) SIÉGEANT AU NIVEAU DE LA MOITIÉ DROITE DE LA PROTUBERANCE, AVANT PRODUIT PAR COMPRESSION UNE HÉMIPLEGIE ALTERNE DU TYPE MILLARD-GUBLER AVEC PARALYSIE DE L'ABDUCENS DROTE (Meningeal Hemorrhage, Limited to One Side of the Pons and Causing Crossed Paralysis). M. Levet (Lyon Med. 30, 1898, p. 365.

A woman of 74 years was suddenly taken with vomiting and weakness. When seen two hours later the pulse was regular and slow, respiration rapid without stertor, pupils normal, no paralysis but profound coma. The following day there was distinct left hemiplegia, with complete paralysis of the face on the right side. There was no fever, respiration was stertorous and the coma persisted. The next day she regained consciousness for a short time, but rapidly became unconscious again, and remained so until death, five days after the onset. Two days before death paralysis of the right abdueens was noticed.

At the autopsy a firm epipial clot was found over the right side of the pons, and there was some slight extravasation of blood over almost the entire brain. The hemorrhage apparently came from the basilar artery. So far as the author has been able to learn, the case is unique. PATRICK.

PSYCHOLOGY AND PSYCHIATRY.

207. THE PSYCHOLOGY OF READING. J. O. Quartz (Psychological Rev., December, 1897, Supplement).

The author occupies a special number of the Review with the methods and results of his experiments. The results are as follows:

1. Colors are more easily perceived than geometrical forms, isolated words than colors, and words in construction than disconnected words.

2. The visual type of persons are slightly more rapid readers than the auditory type.

3. Rapid readers not only do their work in less time, but do superior work. They retain more of the substance of what is read or heard than do slow readers.

4. Lip movement is a serious hindrance to speed of reading, and consequently to intelligence of reading. The disadvantage extends also to reading aloud.

5. Apart from external conditions the chief factors contributing to rapidity of reading are physiological, intellectual and mental equipment. CHRISTISON.

208. THE PSYCHO-PHYSIOLOGY OF THE MORAL IMPERATIVE. Jas. H. Lueba (American Journal of Science, 8, 1897, p. 528).

The author contributes an elaborate article on this subject, in

which he lays down the thesis that the "Moral Imperative is the psychic correlate of a reflective cerebro-spinal, ideo-motor process, the efferent end of which is organized into motor tracts coördinated for a specific action." It is not a spontaneous or instinctive act, but a categorical, and thus involves reason and a conscious motive. It is a reflective act, as distinguished from a voluntary act, and, therefore, does not contain "effort" or the provision of the possible motor conclusion, as is the case in voluntary acts. It comes, not unannounced, but unasked for. It is independent of passion, emotion or sentiment. It is the correlate of a purely cerebro-spinal reflective motor process. Emotion and feeling may be an after development.

The "moral" arc is (1) reflective, (2) wholly cerebro-spinal, and (3) it has a clean-cut coördinated motor conclusion prompting to a conclusion. The non-moral arc is the same, but differs in not having an imperative or "oughtness" character. The conclusion of the moral imperative process urges to a specific action affecting some being. The less the moral imperative experience contains an impulse toward the execution of the command, the clearer it is.

"The motor conclusions of a reflective, non-sympathetic imperative ideo-motor experience are always approved of as final." "The moral imperative is the correlate of the latest and highest biological differentiation, since it requires, as a condition of its existence, the independence of the cerebro-spinal from the sympathetic nervous system."

"It appears that the crusade of the ethico-religious consciousness is a war of the cerebro-spinal self against the cerebro-sympathetic self." CHRISTISON.

209. A STUDY OF THE EXCRETION OF UREA AND URIC ACID IN MELANCHOLIA AND IN A CASE PRESENTING RECURRENT PERIODS OF CONFUSION AND DEPRESSION. C. M. Hibbard (Am. Jour. Insanity, 54, 1898, p. 503).

The author presents the following conclusions from an investigation with urea and uric acid excretion in melancholia, based on work done in the McLean Hospital, from 1891 to 1895:

1. The amounts of urine and solids are generally diminished, and they usually increase with the patient's improvement.
2. The specific gravity is normal.
3. The urea and uric acid are, as a rule, diminished.
4. The diminution in nitrogenous excretions is due, in most cases, to a diminished ingestion of proteids, but in some it may possibly result from a lessened absorption of food.
5. The ratio of uric acid to urea shows no constant relation to the mental condition. JELLIFFE.

210. PARALYTISCHE GEISTESSTÖRUNG IN FOLGE VON ZUCKERKRANKHEIT (DIABETISCHE PSEUDO-PARALYSE). [Diabetes and General Paresis (Diabetic Pseudo-Paralysis)]. R. Landenheimer (Arch. f. Psychiatrie, 29, 1896-1897, p. 546).

The author concludes from a study of several cases of his own and a review of the literature:

1. It is not yet proven that general paresis can be caused by diabetes mellitus. The histories, postmortem examinations, etc., of the cases thus far regarded as having been caused by this disease are not exhaustive nor conclusive enough.
2. In some cases of diabetes there is developed a symptom complex, which in many respects resembles some clinical types of genefal paresis. In the absence of any pathological basis these may be regarded as cases of diabetic general paresis.